

CHECK CASHING REGISTRATION FORM

STATE OF UTAH Department of Financial Institutions

324 South State Street, Suite 201, SLC, UT 84111

Mailing Address: P.O. Box 146800, Salt Lake City, UT 84114-6800
www.dfi.utah.gov Fax: (801) 538-8894 Tel: (801) 538-8830

1) Principal Business Office Address

Do Not Write In This Space

If you cash checks for consideration, in Utah or with Utah residents, you are subject to the Check Cashing and Deferred Deposit Lending Registration Act, codified as Title 7 Chapter 23. You are exempt from this act if you are a depository institution, a depository institution holding company or directly or indirectly owned or controlled by a depository institution or depository institution holding company; or a person that cashes a check in a transaction that is incidental to the retail sale of goods or services and for consideration that does not exceed the greater of 1% of the amount of the check or \$1.

CHECK CASHING REGISTRATION FEE AND BUREAU OF CRIMINAL IDENTIFICATION (BCI) CERTIFICATE

Complete all information on this form, sign it, and return it to the Department of Financial Institutions at the above address with the **initial registration fee of \$300** in the form of a check or money order made payable to: Department of Financial Institutions. If not previously submitted, a BCI certificate must be submitted to the Department for officers, directors, managers, operators, (one who has any part in cashing a check). For Utah residents the BCI telephone number is (801) 965-4445. Residents of other states should obtain a criminal history review from their state government.

- 2) Name registered with the Utah Division of Corporations _____
- 3) Name of check cashing business _____
- 4) Employer Identification number (EIN) _____
- 5) List all states where you are registered or licensed as a check casher _____
- 6) On a separate page list addresses, phone numbers, and hours of operations for all offices in Utah (no mobile facilities allowed). Any office additions or deletions require prompt notification to the Department.
- 7) Name of person responsible for complaint resolution and examination findings response _____
Address, City, State, Zip _____ Telephone _____
Email Address _____ Fax Number _____
- 8) Will you cash checks in an amount greater than \$1,000 for any person on any day in one or more transactions? ____Yes ____No. If yes, send a copy of your Anti-Money Laundering (AML) Policy & Procedures and your most recent Independent Review to dfi@utah.gov.
- 9) Are you registered with FinCEN as a Money Services Business? ____Yes ____No.
- 10) Name of AML Compliance Officer _____ Telephone _____
- 11) Name of registered agent in Utah upon whom service of process can be made _____
Address, City, State, Zip _____ Telephone _____
- 12) If you conduct the business of a check casher in Utah but do not maintain an office in Utah, please describe the manner in which the business is conducted (attach a separate page if necessary) _____
- 13) Are you or any principal officer (i.e. director, manager, or operator) currently under investigation for, charged with, have ever pled guilty or no contest to, or been convicted of, a felony or misdemeanor? ____Yes ____No. If yes, please explain on a separate page.
- 14) Have you or any principal officer ever had an injunction, judgment, administrative order, or conviction of any crime involving moral turpitude? ____Yes ____No. If yes, please explain on a separate page.
- 15) Have you or any principal officer ever had any licensing action taken against you that resulted in suspension, probation, or revocation? ____Yes ____No. If yes, please explain on a separate page.

I hereby certify the information provided is true and correct and by signing this form, I represent our business practices will comply with Utah law.

Name _____

Date _____ Signature _____

Title _____